

System Transformation Excellence and Performance (STEP-VA)

12/2019 **SJ 47**

Current Projections for Implementation Timeline:

Step	Planning & Installation (Phase 1 Start Date)	Initial Implementaion (Phase 2 Start Date)	l Validation I	Current Funding	Biennial Budget Request
Same Day Access	Varied	January 2019	July 2020	\$10,795,651	\$0
Primary Care	January 2019	July 2019	July 2021	\$7,440,000	\$0
Outpatient	July 2019	July 2020	July 2022*	\$15,000,000	\$22,425,900
Crisis Services	April 2019	April 2021*±	TBD	\$7,800,000	\$46,944,000
Crisis Services - Detox				\$2,000,000	\$0
Peer & Family Svcs	July 2019	July 2021*	July 2022	\$0	\$9,986,598
Military Services	October 2019	July 2021*	July 2022	\$0	\$10,385,651
Case Management	July 2020*	July 2021*	TBD	\$0	\$8,417,000
Pyschiatric Rehab	July 2020*	July 2021*	TBD	\$0	\$6,048,797
Care Coordination	July 2020*	July 2021*	TBD	\$0	\$15,779,846
Infrastructure	Varied	Varied	TBD	\$0	\$19,229,202

Total \$43,035,651 \$139,216,994

± children's crisis services will **Total Assuming Current Medicaid Rates/ Collections** \$130,887,254 be implemented April, 2020,

with full crisis services projected for April 2021

STEP-VA Projected Activities December 2019-June 2020



Monitor and support implementation of Same Day Access and Primary Care Screening

Support CSBs in installation of Outpatient and Crisis Services



Utilize results of Comprehensive Needs Assessment and gather additional feedback from STAC and VACSB to improve implementation process



Collaborate with the executive and legislative branches to acquire funding for STEP VA implementation, infrastructure and oversight resources at DBHDS Central Office and infrastructure at CSBs

A life of possibilities for all Virginians









^{*}If fully funded

What Does STEP-VA Implementation Look Like?

Evidence Based

Implementation Process

- create a team/gather stakeholders
- assess needs
- explore evidence
- consider implementation drivers

Start-Up

- assess fit and feasibility
- Acquire resources
- Prepare organizations
- Prepare drivers
- Select/prepare staff
- Make admin. changes needed
- Assess and adjust drivers
- Manage change
- Assess fidelity

Initial Implementation

- Deploy data systems
- Initiate improvement cycles

("Phase 2"

Monitor and improve drivers

- Achieve fidelity and outcomes
- Full Implementat system supports Monitor organization and

("Phase 3")

organization, and competency that increase or decrease the expected outcomes the use of the innovation and thus impact the reliability of Drivers = the "engines of change" in areas of leadership,

STEP-VA Implementation Process (standard process adopted by DBHDS and CSBs in Summer, 2019)

- DBHDS and CSBs investigate existing structures related to STEP
- DBHDS and CSBs draft definition of the STEP in the context of STEP-VA cross-step goals of increasing access, quality, DBHDS and CSBs evaluate best practices within Virginia and in other states consistency, and accountability
- Comprehensive Needs Assessment undertaken (Cross-STEP)

"Phase 1"

- Objectively estimate needs, capacity, and funding utilizing existing data; determine appropriate funding formula Adopt definition, evaluate options for metrics
- Individual CSBs and/or regions develop plans for implementation and quality improvement (QJ)
- Plan for implementation in context of needs and capacity; release guidance documents
- DBHDS approves/works with CSBs or regions to revise plans, and distributes funding
- Finalize primary metrics with input from STAC; seek Q&O approval, bring to DMC for integration into EHRs
- Services are initiated/implemented across state (*implementation date)
- Primary metrics are programmed, being collected, and can be accessed
- Implementation is being monitored by CSB internal QI processes and responds to these processes
- Implementation Regional and statewide technical assistance is provided by central office staff including regional consultants and external support when indicated on a six month "check in" basis
- Once multiple reliable time points are available, benchmarks and goals are set based on best practice resources. Benchmarks and progress goals are informed by STAC and approved by Q&O.
- Outcomes/goals are monitored by STAC & Q&O
- Benchmarks are integrated into performance contract
- Secondary metrics and individual QI processes are collated when possible to inform improvements to services and share learning across CSBs
- Collective learning from monitoring of outcomes and refinements of STEP to ensure best outcomes moving forward

STAC = STEP-VA Advisory Committee; Q&O = Quality & Outcomes (VACSB committee); DMC = Data Management Committee (VACSB committee)